

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 211-263

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ☒ **TRANSDUCER** the specification of which

(check one) ☒ is attached hereto. ☒ was filed on 3 June 2005 as Application Serial No. 10/537,561 as amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, '1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, '119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application of patent for inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

## PRIORITY CLAIMED

☒ **0228392.7**  
(Number)

**United Kingdom**  
(Country)

**05/12/2002**  
(Day/Month/Year Filed)

☒ **Yes**

☐ **No**

## PRIOR PROVISIONAL APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, '119(e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under Title 35, United States Code, '120 of any United States application(s) listed below; insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, '112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status: patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status: patented, pending, abandoned)


POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. customer No. 22440  
 George Gottlieb Reg. No. 22,035, Michael I. Rackman Reg. No. 20,639, James Reisman Reg. No. 22,007, Barry A. Cooper Reg. No. 28,725, Jeffrey M. Kaden Reg. No. 31,268, Tiberiu Weiss Reg. No. 29,876

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application of any patent issued thereon.

Full name of sole or first inventor THOMPSON, David

Inventor's signature  14. 11. 2005  
 Residence United Kingdom  
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LUG

Full name of second joint inventor, if any

Inventor's signature \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Citizenship \_\_\_\_\_  
 Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any

Inventor's signature \_\_\_\_\_  
 Residence \_\_\_\_\_  
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 Post Office Address \_\_\_\_\_

Full name of fourth joint inventor, if any

Inventor's signature \_\_\_\_\_  
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Full name of fifth joint inventor, if any

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Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_